

**United States Department Of The Interior  
BUREAU OF LAND MANAGEMENT  
National Human Resources Management Center  
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In Reply Refer To:  
1400-630 (HR-220)P

January 6, 2000

**EMS TRANSMISSION**

Instruction Memorandum No. HR-2000-025

Expires 9/30/2001

To: All BC, HR, NI, and RS Employees

From: Director, National Human Resources Management Center

Subject: Telecommuting

The six-month telecommuting pilot program which was identified in IM HR-99-024 was a success. Therefore, the purpose of this memorandum is to establish a Centers' policy on telecommuting. There are minor changes to the pilot program specifically in regard to the "Special Circumstances" type of telecommuting and to the use of "e-mail" versus "Groupwise". The following are the procedures to be followed by employees interested in participating in telecommuting.

Telecommuting is working away from the principle office at an off-site location such as the home. It is designed to benefit the employee and the organization by meeting employee needs as well as management, organizational, and operational requirements. Telecommuting also supports the public effort to reduce pollution, traffic congestion, and energy consumption.

Telecommuting is a management option and not an employee entitlement. It is an arrangement that you and your supervisor enter into voluntarily for mutual benefit. When approving requests for participation in telecommuting, supervisors will consider each employee's situation individually taking many factors into consideration including additional costs which may be incurred as well as office coverage. In addition to being suited for telecommuting, participation must be limited to jobs, or portions of one's job, which do not require the employee to be on site. Employees should recognize that not all jobs are suitable for telecommuting. Employees with identical job functions need not all be approved for participation. Additionally, normally only employees who are performing at the results achieved level will be approved to telecommute.

Within the Centers, three types of telecommuting have been established:

a. **Short Duration:** An employee, with supervisory approval, may be authorized to work at home for a short duration. In most circumstances, this may be for one day, up to a maximum of three consecutive days. Appropriate reasons to work at home for a short duration could be based upon a special project that needs to be completed, a heavy workload that has short time frames for completion, or for other related reasons. Working at home for a short duration does not mean that an employee can work at home on a regular and reoccurring basis each week.

b. **Efficiencies and Economies:** Employees who work under objective and well-established performance standards (preferably numeric) may request to telecommute by providing their supervisor with performance enhancements to productivity. For example, an employee inputs records into a system at an average of 80 records per day while in the office during a standard eight-hour day. The same employee submits a proposal to telecommute every Wednesday for eight hours claiming they will be able to maintain an average of 90 records inputted during the telecommuting day. The increase is due to the lack of interruptions in the office and the commuter fatigue he/she encounters. If the request to telecommute is approved, the supervisor and the employee enter into a telecommuting agreement based on this standard.

c. **Special Circumstances:**

(1) There may be “special circumstances” where an employee requests that he/she be allowed to work at home for longer periods than one to three days. The employee and supervisor must document a clear demonstration of a benefit to the agency and indicate which factors were considered before recommending the employee’s request to work at home for an extended period. These requests will be handled on a case-by-case basis. Center Directors have the final approval for these requests.

(2) This program may also be used to accommodate employees who are recovering from illness or injury. In those instances where an employee requests to work at home for extended periods due to medical reasons, management approval will be based upon the employee providing appropriate medical documentation.

If you believe that your job, or a significant segment of it, is conducive for telecommuting one or more days per week, and you are interested in participating in the program, you need to inform your supervisor and request his/her approval. Supervisory approval and/or Center Director approval must be obtained prior to an employee participating.

Your request should be in writing and include, as a minimum, the following:

- a. Indicate the type of telecommuting you are interested in.
- b. The number of hours and days per week you would be interested in telecommuting.
- c. The specific job functions you would perform while telecommuting.
- d. A description of the work area where you will perform your duties.
- e. A list of the equipment you would need BLM to furnish. Indicate both hardware and

software needs.

Study and experience indicate that employees with a genuine interest in participating in telecommuting are more successful in the program. Additionally, well organized employees, with good work habits who require a minimum of supervision and can demonstrate their productivity, are more likely to be successful telecommuters. Attached are “Tips for Telecommuters” to help make your telecommuting experience more successful.

Employees participating in telecommuting are required to use government furnished equipment, i.e., computers, printers, fax machines, etc. Computers will normally be limited to laptops with non-network access for short-duration or efficiencies and economies telecommuters. If additional ADP requirements such as remote-email are necessary, these will be addressed on a case-by-case basis.

When a supervisor and employee initially agree to a telecommuting arrangement, an Agreement for Telecommuting (see Attachment 2) must be jointly signed by the individual employee and supervisor. In addition, a Self-Inspection Safety Checklist (see Attachment 3) must be completed. For subsequent requests to telecommute for short durations under the initial agreement, employees must submit their request to telecommute to the supervisor by e-mail or whatever means the supervisor deems appropriate. A Self-Inspection Safety Checklist does not need to be completed for each short duration request. The supervisor and/or employee may terminate the agreement to telecommute at any time.

The telecommuting program will be evaluated on a periodic basis, therefore, NHRMC may request employees participating in telecommuting to participate in a related survey to evaluate the program.

If you have any questions regarding this memo or desire further information, please contact the Employee/Labor Relations and Employee Development Group, HR-220.

Signed by:  
Linda D. Sedbrook  
Director

Authenticated by:  
Darlene Robitaille  
Secretary

### 3 Attachments

- 1- Tips for Telecommuters (1 p)
- 2 - Agreement for Telecommuting (4 pp)
- 3 - Safety Checklist (3 pp)

### Distribution

RS-150A, BLM Library  
NI-101, Reading File  
HR-220

### *TIPS FOR TELECOMMUTERS*

- If telecommuting from home, have a work space dedicated for your home office complete with desk and telephone. Other equipment such as a computer, modem, electronic mail, a voice message system, fax machine, etc., may be necessary for your particular job.
- Work to establish a new routine. You will need to set up a morning “ritual” to start the workday. Create an end-of-day ritual also.
- Take breaks throughout the day. Remember, without interruptions you could work yourself into the ground. Pace yourself. Take a break to walk around the house, bring the mail in, let the dog out or water the plants.
- Refrain from procrastination; complete assignments in a timely manner.
- Be results oriented and focus on your objectives/work products.
- Plan ahead for a telecommuting day while you are in the office so you are sure to have everything you need when working at the alternative work site.
- Make arrangements for child/elder care if you have an infant, toddler or elderly relative who requires constant care and attention.
- Make sure your family and neighbors know that you are home to work.
- Keep in touch with your office and your supervisor.
- Plan to participate in department and group meetings whenever they are held.
- Talk to your supervisor about any problems that arise, or if you wish to terminate the telecommuting arrangement. Telecommuting is not for everybody -- and that's OK.

## **AGREEMENT FOR TELECOMMUTING**

The following constitutes the terms and conditions for the undersigned employee to telecommute.

### **Voluntary Participation**

The employee agrees to work at the agency-approved alternative workplace indicated below and to follow all applicable policies and procedures. Employee recognizes that the telecommuting arrangement is not an employee entitlement, but an additional method the agency may approve to accomplish work.

### **Duration of Agreement**

The employee and agency agree to this arrangement for \_\_\_\_\_  
(a specified period of time) unless unforeseeable difficulties require earlier cancellation. Either party may terminate this agreement at any time.

### **Duty Station and Alternative Workplace**

Agency and employee agree that the employee's official duty station is Bureau of Land Management, Denver Federal Center, Denver, Colorado. The approved alternative workplace is: \_\_\_\_\_ (specify street and number, city and state). All pay, leave, and travel entitlements are based on the official duty station.

### **Work Schedule and Tour of Duty**

Agency and employee agree the employee's official tour of duty will be: \_\_\_\_\_  
\_\_\_\_\_ (specify days and hours). Core hours are from 9:30 a.m. to 11:00 a.m. and 1:00 p.m. to 2:30 p.m., Monday through Friday. Employees must work during core hours unless otherwise approved for leave or credit hours. For those employees on flexible work schedules, hours will remain in accordance with established procedures referenced in BLM Manual 1400-610 and Information Bulletin HR-98-006.

### **Time and Attendance**

The employee is approved to work offsite at home in accordance with the attached schedule of telecommuting days or partial days. A copy of this schedule will be given to the timekeeper. The employee will keep an accurate written accounting of actual time worked including start and stop time and lunch period.



### **Overtime**

The employee agrees to work overtime and compensatory time only when ordered and approved by the supervisor in advance and understands that overtime work without such approval is not compensated and may result in termination of the telecommuting privilege and/or other appropriate action.

### **Leave**

The employee agrees to follow established office procedures for requesting and obtaining approval of leave.

### **Work Assignments/Performance**

The employee agrees to complete all assigned work according to procedures mutually agreed upon by the employee and the supervisor and according to the procedures, guidelines and standards in the employee's performance plan. The employee agrees to provide regular reports if required by the supervisor to help judge performance. The employee understands that a decline in performance may be grounds for canceling the alternative workplace arrangement.

### **Official Duties**

Unless otherwise instructed, employee agrees to perform official duties only at the alternative workplace. Employee agrees not to conduct personal business while in official duty status, for example, caring for dependents or making home repairs.

### **Equipment/Supplies**

Employee agrees to protect any Government-owned equipment and to use the equipment only for official purposes. The agency agrees to install, service, and maintain any Government-owned equipment issued to the telecommuting employee. The Agency agrees to provide the employee with all necessary office supplies. Employees will use their Government issued calling cards to make official long-distance business calls.

### **Computer Security**

Where a government computer is assigned to the alternate workstation, no access to computer by unauthorized persons will be permitted; unauthorized software or diskettes will not be used thereby minimizing the threat of importing computer viruses.

### **Safeguarding of Records**

Records and case files taken to the alternate work station must not be disclosed or made available to any individual other than the employee. No copies may be made at home for any purpose other than those required to complete work assignments. The employee agrees to take every reasonable precaution to ensure that official records are not subjected to damage or loss. The employee agrees to protect Government/agency records from unauthorized disclosure and will comply with requirements of the Privacy Act of 1974, 5 U.S.C. 552a, the Freedom of Information Act 5 U.S.C. 552 and any Department and/or Bureau guidance.

### **Liability**

The Agency will not be liable for damages to employee's property when using an alternative worksite nor will the Agency be responsible for any operating costs associated with the employee's residence, including home maintenance, insurance or utilities. The employee understands he or she does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government, as provided by statute and regulations.

### **Worksite Area/Inspection**

The employee agrees to provide a work area adequate for performance of official duties. If requested, the employee also agrees to permit the Agency to inspect the alternative workplace during the employee's normal working hours (with prior notification) to ensure proper maintenance of Government-owned property and conformance with safety standards. Employees will also be required to complete a self-certification safety checklist.

### **Injury Compensation**

Employee understands he or she is covered under the Federal Employee's Compensation Act if injured in the course of actually performing official duties at the regular office or the alternative duty station. The employee agrees to notify the supervisor immediately of any accident or injury that occurs at the alternative workplace and to complete any required forms. The supervisor agrees to investigate such a report immediately.

### **Standards of Conduct**

The employee agrees he or she is bound by agency standards of conduct while working at the alternative worksite. Nothing in this agreement precludes the agency from taking any appropriate disciplinary or adverse action against an employee who fails to comply with the provisions of this agreement.



This agreement may be terminated at any time by either the employee or supervisor.

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Employee

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Date

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Supervisor

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Date

## **EMPLOYEE SELF-CERTIFICATION SAFETY CHECKLIST**

Name:

Position:

Organization:

Business Telephone:

The following checklist is designed to assess the overall safety of your alternative worksite. Please read and complete the self-certification safety checklist. Upon completion, you and your supervisor should sign and date the checklist in the spaces provided.

Alternative Worksite Location:

Describe the Designated Work Area:

### **Workplace Environment**

1. Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job performance? Yes [ ☐ ] No [ ☐ ]
2. Is all paint either lead-free or in good condition? Yes [ ☐ ] No [ ☐ ]
3. Are all stairs with four or more steps equipped with handrails? Yes [ ☐ ] No [ ☐ ]
4. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? Yes [ ☐ ] No [ ☐ ]
5. Do circuit breakers clearly indicate if they are in the open or closed position? Yes [ ☐ ] No [ ☐ ]
6. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to ceiling)? Yes [ ☐ ] No [ ☐ ]
7. Will the building's electrical system permit the grounding of electrical equipment? Yes [ ☐ ] No [ ☐ ]
8. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? Yes [ ☐ ] No [ ☐ ]

9. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? Yes [ ] No [ ]
10. Do chairs have any loose casters (wheels) and are the rungs and legs of the chairs sturdy? Yes [ ] No [ ]
11. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? Yes [ ] No [ ]
12. Is the office space neat, clean, and free of excessive amounts of combustibles? Yes [ ] No [ ]
13. Are floor surfaces clean, dry, level, and free of worn or frayed seams? Yes [ ] No [ ]
14. Are carpets well secured to the floor and free of frayed or worn seams? Yes [ ] No [ ]

Computer Workstation (if applicable)

15. Is your chair adjustable? Yes [ ] No [ ]
16. Do you know how to adjust your chair? Yes [ ] No [ ]
17. Is your back adequately supported by a backrest? Yes [ ] No [ ]
18. Are your feet on the floor or fully supported by a footrest? Yes [ ] No [ ]
19. Are you satisfied with the placement of your monitor and keyboard? Yes [ ] No [ ]
20. Is it easy to read the text on your screen? Yes [ ] No [ ]
21. Do you need a document holder? Yes [ ] No [ ]
22. Do you have enough leg room at your desk? Yes [ ] No [ ]
23. Is the screen free from noticeable glare? Yes [ ] No [ ]
24. Is the top of the screen eye level? Yes [ ] No [ ]
25. Is there space to rest the arms while not keying? Yes [ ] No [ ]
26. When keying, are your forearms close to parallel with the floor? Yes [ ] No [ ]

27. Are your wrists fairly straight when keying? Yes [ ☐ ] No [ ☐ ]

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**NOTE:** Employees are responsible for informing their supervisor of any significant change.

I have reviewed the above Employee Self-Certification Safety Checklist and have discussed any matters of concern with the employee.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date